



NC Employment Program Conditional Release Form

The purpose of this form is for the NC Employment Readiness Program to determine the employment status of a Service Member requesting a Conditional Release. Once all steps have been completed on the YREP Conditional Release Procedures Memo the request will be forwarded to G1 for further review.

Please provide the following Information:

SM Contact Information			
Name		Rank	Unit
Signature		Date	
1) SM reasons for Conditional Release Request			
2) Are you currently employed or have an employment opportunity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2a) Employment status: include current employment and/ employment opportunity.			
3) Please fill in the requested information:			
Gender		Age	
Address		E-mail	
Phone Number		MOS/Branch	
Years in Service		Clearance Type	
Previous Civilian Job			
Civilian Education (degrees, certificates, highest grade completed)			
4) I _____ consent to the YREP releasing my contact information and resume to potential employers or Human Resource Professionals for the purpose of getting resume assistance or gaining employment.			
Signed: _____		Date: _____	
Additional Notes, Questions or Comments:			

Assistance is provided by the NCYR Employment Program. Contact one of our Employment Specialists at (919) 664-6463 or ng.nc.ncarng.mbx.ncyr-employment@mail.mil